



Health Care for the Homeless

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Bibliography #21

HIV Prevention Among Homeless People

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Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054
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Andia JF; Deren S; Kang SY; Robles RR; Colon HM; Oliver-Velez D; Finlinson A; Beardsley M; Friedman SR. **Residential status and HIV risk behaviors among Puerto Rican drug injectors in New York and Puerto Rico.** Am J Drug Alcohol Abuse, 27(4):719-35, November 2001.

This article investigates the association between residential status and HIV risk behaviors among island and New York Puerto Rican injection drug users (IDUs). We assigned 561 subjects from New York City and 312 from Puerto Rico to five residential status categories: living in parent's home, living in own home, living in other's home, living in temporary housing (hotel, single-room occupancy [SRO] hotels), and homeless (living in streets/shelters). Independent variables included injection- and sex-related risk behaviors (sharing syringes, sharing other injection paraphernalia, shooting gallery use, and having paid sex). Chi square, t tests, and multivariate logistic analysis tests were performed separately by site. About one-quarter of the sample in each site was homeless. Island Puerto Ricans were more likely to live with their parents (44% vs. 12%, and more New York IDUs lived in their own home (30% vs. 14%). In New York, gallery use and paid sex were associated with living in other's home, living in parent's home, and being homeless. Sharing paraphernalia was related to living in other's home, living in temporary housing, and being homeless. In Puerto Rico, having paid sex was associated with homelessness. High-risk behaviors were more likely among homeless IDUs in both sites. Programs to provide housing and target outreach and other prevention programs for homeless IDUs would be helpful in reducing HIV risk.

Cabral RJ; Galavotti CI; Armstrong KI; Morrow BI; Fogarty L. **Reproductive and contraceptive attitudes as predictors of condom use among women in an HIV prevention intervention.** Women Health, 33(3-4):117-32, 2001.

This study prospectively evaluates the effect of childbearing motivation and contraceptive attitudes on consistency of condom use among at-risk women enrolled in an HIV prevention intervention. Women (age 15-40, 85% African-American) were recruited from homeless shelters, drug treatment facilities, and public housing developments and assigned to standard or enhanced intervention conditions. Among the eligible study group of nonsterilized women with a main partner (n=312), 24.4% wanted to have a baby at baseline; 43.5% believed their partner wanted them to have a baby. Women who reported a desire for a baby, compared to all others, were less likely to be at a higher level of condom consistency six months later. Women who perceived partner support for contraceptive use showed a higher level of condom consistency at 6-month follow-up. Many women in this study wanted to have a baby and this desire interfered with subsequent consistency of condom use. We also found that condom use increased toward consistency of use among women whose partner supported contraceptive use. HIV prevention interventions should include screening for reproductive motivation, so that prevention messages can be tailored to the realities of women's lives. Women who want a baby can be educated about disease prevention in the context of pregnancy planning and linked with appropriate services. Women who want to avoid childbearing can be given messages that emphasize the contraceptive benefits of condom use and that help strengthen partner support.

Culhane DP; Gollub E; Kuhn R; Shpaner M. **The co-occurrence of AIDS and homelessness: results from the integration of administrative databases for AIDS surveillance and public shelter utilisation in Philadelphia.** J Epidemiol Community Health, 55(7):515-20, July 2001.

OBJECTIVE: Administrative databases from the City of Philadelphia that track public shelter utilization (n=44 337) and AIDS case reporting (n=7749) were merged to identify rates and risk factors for co-occurring homelessness and AIDS. DESIGN: Multiple decrement life tables analyses were conducted, and logistic regression analyses used to identify risk factors associated with AIDS among the homeless, and homelessness among people with AIDS. SETTING: Philadelphia, PA. RESULTS: People admitted to public shelters had a three year rate of subsequent AIDS diagnosis of 1.8 per 100 person years; nine times the rate for the general population of Philadelphia. Results show that substance abuse history, male gender, and a history of serious mental disorder were significantly related to the risk for AIDS diagnosis among shelter users. Among people with AIDS, results show a three year rate of subsequent shelter admission of 6.9 per 100 person years, and a three year rate of prior shelter admission of 9%, three times the three year rate of shelter admission for the general population. Logistic regression results show that intravenous drug user history; no private insurance; black race; pulmonary or extra-pulmonary TB; and pneumocystis pneumonia were all related to the risk for shelter admission. CONCLUSIONS: Homelessness prevention programs should target people with HIV risk factors, and HIV prevention programs should be targeted to homeless persons, as these populations have significant intersection.

Hilton BA; Thompson R; Moore-Dempsey L; Hutchinson K. **Urban outpost nursing: the nature of the nurses' work in the AIDS prevention street nurse program.** Public Health Nurs, 18(4):273-80, July-Aug 2001.

The AIDS Prevention Street Nurse Program in Vancouver, Canada, focuses on HIV and sexually transmitted diseases (STD) prevention within a context of harm reduction and health promotion targeted at marginalized, hard-to-reach, high-risk populations. As part of a large evaluation project that included interviews with street nurses, clients, and other services providers together with document analysis of the nature of the street nurses' work and its fit within the provision of health care were described. The street nurses' work reflected the following themes: reach the marginalized high-risk populations for HIV/STDs; building and maintaining trust, respect, and acceptance; doing HIV/AIDS and STD prevention, early intervention and treatment work; helping clients connect with and negotiate the health care system; and influencing the system and colleagues to be responsive. The findings and their implications for community health nursing practice are examined.

Sears C; Guydish JR; Weltzien EK; Lum PJ. **Investigation of a secondary syringe exchange program for homeless young adult injection drug users in San Francisco, California, U.S.A.** J Acquir Immune Defic Syndr, 27(2):193-201, June 1, 2001.

This study investigated an HIV prevention program for homeless young adult injection drug users (IDUs) that combined a secondary syringe exchange program (SEP) with community-level activities. Homeless young IDUs were recruited from street-based settings in San Francisco, and a structured questionnaire was administered. The secondary SEP operated in a circumscribed geographic area, and for analytic purposes respondents were assigned to the intervention site group if they primarily spent time in this area (n = 67), or the comparison site group if they primarily spent time elsewhere (n = 55). Almost all (96%) intervention site youth had used the secondary SEP in the past 30 days and were significantly more likely to regularly use SEP. In bivariate analysis, comparison site IDUs were more likely to share syringes, reuse syringes, share the cotton used to filter drugs, and use condoms with casual sex partners only

inconsistently. In multivariate analysis, comparison site remained positively associated with sharing syringes, reusing syringes, and inconsistent condom use with casual sex partners. This suggests that the intervention was effective in delivering SEP services to homeless young adult IDUs, and that IDUs who frequented the intervention site had a lower HIV risk than comparison group IDUs.

Wagner LS, Carlin PL, Cauce AM, Tenner A. **A snapshot of homeless youth in Seattle: their characteristics, behaviors and beliefs about HIV protective strategies.** J Community Health, 26(3):219-32, June 2001.

The purpose of this study was to determine how initial HIV prevention efforts for homeless youth were received and to determine areas where homeless youth's beliefs and behaviors continue to put them at risk for HIV infection. Interviews were conducted with 289 Seattle homeless youth. Youth reported using condoms with casual partners during vaginal and anal sex and with clients during oral, anal and vaginal sex. Condoms are often not used during vaginal sex with main partners or during oral sex with casual or main partners. Knowledge of HIV protective strategies differed according to youth's behavioral characteristics with heterosexual youth having the weakest knowledge of HIV protective strategies especially compared with young men who have sex with men. There is room for improvement in youth's knowledge and beliefs about HIV.

2000

Lauby JL; Smith PJ; Stark M; Person B; Adams J. **A Community-level HIV prevention intervention for inner-city women: results of the women and infants demonstration projects.** Am J Public Health, Vol. 90 (2): 216-222, February 2000

Objectives: This study examined the effects of a multi-site community-level HIV prevention intervention on women's condom-use behaviors. Methods: The theory-based behavioral intervention was implemented with low-income, primarily African American women in 4 urban communities. It was evaluated with data from pre- and postintervention cross-sectional surveys in matched intervention and comparison communities. Results: At baseline, 68% of the women had no intention of using condoms with their main partners and 70% were not using condoms consistently with other partners. After 2 years of intervention activities, increases in rates of talking with main partners about condoms were significantly larger in intervention communities than in comparison communities. Intervention communities also significant increases in the proportion of women who had tried to get their main partners to use condoms. The trends for condom use with other partners were similar but nonsignificant. Conclusions: Many women at risk for HIV infections are still not using condoms. Community-level interventions may be an effective way to reach large numbers of women and change their condom-use behaviors, particularly their behaviors with regard to communication with main sex partners.

Sikkema KJ; Kelly JA; Winett RA; Solomon LJ; Cargill VA; Roffman RA; McAuliffe TL; Heckman TG; Anderson EA; Wagstaff DA; et al. **Outcomes of a randomized community-level HIV prevention intervention for women living in 18 low-income housing developments.** Am J Public Health 90(1): 57-63, 2000.

OBJECTIVES: Women in impoverished inner-city neighborhoods are at high risk for contraction HIV. A randomized, multisite community-level HIV prevention trial was undertaken with women living in 18 low-income housing developments in 5 US cities. **METHODS:** Baseline and 12-month follow-up population risk characteristics were assessed by surveying 690 women at both time points. In the 9 intervention condition housing developments, a community-level intervention was undertaken that included HIV risk reduction workshops and community HIV prevention events implemented by women who were popular leaders among their peers. **RESULTS:** The proportion of women in the intervention developments who had any unprotected intercourse in the past 2 month declined from 50% to 37.6%, and the percentage of women's acts of intercourse protected by condoms increased from 30.2% to 47.2%. Among women exposed to intervention activities, the mean frequency of unprotected acts of intercourse in the past 2 months tended to be lower at follow-up. These changes were corroborated by changes in other risk indicators. **CONCLUSIONS:** Community-level interventions that involve and engage women in neighborhood-based HIV prevention activities can bring about reductions in high-risk sexual behaviors.

1999

Clatts MC; Davis WR. **A demographic and behavioral profile of homeless youth in New York City: implications for AIDS outreach and prevention.** Med Anthropol Q, 3(3):365-74, September 1999.

Rapid changes in the world market economy have served to destabilize many local institutions, widening the gap between the rich and the poor and undermining viability of key social and economic institutions such as family and household. Among those most deeply affected by this displacement are children and institutions before they have acquired the skills and maturity needed to become economically self-sufficient. Fending for themselves amid the vagaries of the underworld of virtually every major city in the world, these youths are at exceptional risk for a wide range of poor health outcomes and premature death. While perhaps a familiar sight in many non-Western countries, this phenomenon also has emerged in the industrialized world, a fact that accounts for the rise in exposure to violence and disease among street-involved youth and young adults in nations such as the United States. There are as yet few empirical data available about the nature of these youth populations or the constellation of behaviors that place them at increased risk for disease outcomes. In this report we construct a demographic and behavioral profile of the homeless youth population in New York City, particularly as behavioral patterns relate to risk associated with HIV infection.

Ennett ST; Federman EB; Bailey SL; Ringwalt CL; Hubbard ML. **HIV-risk behaviors associated with homelessness characteristics in youth.** J Adolesc Health, 25(5):344-53, November 1999.

PURPOSE: To examine characteristics of youth homelessness associated with engaging in risk behaviors for human immunodeficiency virus (HIV). **METHODS:** The sample included 288 currently homeless or

runaway Washington, DC youth aged 14-21 years. Measures were self-reported homelessness characteristics, unsafe sexual behavior, injection drug use, and background characteristics. Bivariate and multivariable analyses of the relationships between homelessness characteristics and HIV risk behaviors were conducted. RESULTS: Both male (n=140) and female (n=148) participants reported high rates of unsafe sexual behaviors, but low rates of injection drug use. HIV risk was significantly associated in bivariate analyses with severity of homelessness circumstances (i.e., spending the night in public place or with strangers, going hungry, and participating in the street economy), the duration of homelessness (i.e., greater number of episodes of homelessness, longer time length of current episode), and specific reasons for being homeless (i.e., thrown out). In addition, sexual victimization and older age were associated with increased HIV risk. In multivariable models, a smaller set of these homelessness characteristics remained significant independent correlates and explained a substantial amount of the variation in the HIV risk indices for both males and females. CONCLUSIONS: The results contribute to greater theoretical understanding of the characteristics of homelessness associated with increased risk of HIV infection within this vulnerable population of youth. The associations between homelessness characteristics and HIV risk suggest the need for HIV prevention efforts to focus directly on ameliorating the homelessness circumstances of youth.

Nyamathi AM; Kington RS; Flaskerud J; Lewis C; Leake B; Gelberg L. Two-year follow-up of AIDS education programs for impoverished women. *West J Nurs Res*, 21(3):405-25, June 1999.

The long-term effects of two culturally competent AIDS education programs with different content on the risk behavior and AIDS-related knowledge of 410 homeless African American women 2 years after program completion were examined. Participants were members of a larger cohort of impoverished African American and Latina women recruited in Los Angeles from 1989 to 1991. Of a subsample of 527 African American women selected randomly for a 2-year follow-up interview, 410 (78%) were located and agreed to participate. Women participating in both AIDS education programs reported reduced HIV risk behaviors and demonstrated greatly improved AIDS knowledge at 2-year follow-up ($p < .001$). Women in a specialized program were less likely than those in a traditional program to report noninjection drug use at 2 years. Women in the traditional program had significantly better AIDS knowledge at follow-up. These findings suggest that educational programs can produce sustained benefits among impoverished women.

Walters AS. **HIV prevention in street youth.** *J Adolesc Health*, 25(3):187-98, September 1999. Published erratum appears in *J Adolesc Health*, 25(6):414, December 1999.

Homeless adolescents have remained an underserved population throughout the human immunodeficiency/acquired immune deficiency syndrome epidemic. This article reviews the recent literature investigating human immunodeficiency virus (HIV) risk behavior among street youth. Prevalence rates of both adolescent homelessness and HIV seropositivity are unknown. However, data from a number of samples document a high prevalence of HIV risk behavior, sexually transmitted diseases, and alcohol/drug use among homeless adolescents. A number of individual and social factors, often associated with street survival, propel adolescents toward high-risk behavior. For some adolescents, testing HIV positive is perceived as advantageous in the procurement of basic needs such as food and shelter. HIV risk-reduction interventions must take into consideration the cause of homelessness, access to and participation in shelter services, and individual factors (such as the effects of sexual orientation and ethnicity) that frequently have not been systematically included in previous research. HIV risk for many homeless adolescents stems directly from their state of homelessness. National policies and funding are needed to address the health needs of these youth.

Witte SS; el-Bassel N; Wada T; Gray O; Wallace J. **Acceptability of female condom use among women exchanging street sex in New York City.** Int J STD AIDS, 10(3):162-8, March 1999.

Greater access to alternative female-initiated barrier methods, such as the female condom, is needed among women exchanging street sex. This study describes knowledge of and experience with the female condom among 101 women exchanging sex for money and drugs on the streets of New York City, and examines the acceptability of female condom use as an alternative barrier method for HIV/STD prevention among this population. Female condom use among this sample of sex workers was found to be related to having a regular sexual partner, living with someone who is a drug or alcohol abuser, not being homeless, using alcohol or intravenous heroin, having heard of the device, and having discussed the device with other women or with a regular sexual partner. Despite decreased acceptability post-use, most sex workers indicated an intention for future female condom use.

1998

Centers for Disease Control and Prevention. **Prevention and treatment of tuberculosis among patients infected with Human Immunodeficiency Virus: principles of therapy and revised recommendations.** MMWR 47(RR_20), October 30, 1998.

These guidelines update previous CDC recommendations for the diagnosis, treatment, and prevention of TB among adults and children co-infected with HIV in the U.S. The most notable changes reflect both the findings of clinical trials that evaluated new drug regimens for treating and preventing TB among HIV-infected persons and recent advances in the use of antiretroviral therapy. AVAILABLE FROM: CDC National Prevention Information Network, PO Box 6003, Rockville, MD 20850. (800) 458-5231.

Clatts MC; Davis WR; Sotheran JL; Atillasoy A. **Correlates and distribution of HIV risk behaviors among homeless youths in New York City: implications for prevention and policy.** Child Welfare, 77(2):195-207, March 1998.

Homeless youths are at high risk for poor health outcomes, including repeated exposure to STDs and high rates of unplanned pregnancies, untreated TB, HIV infection, and accelerated immune dysfunction associated with AIDS. This article examines the nature and distribution of HIV-risk behavior in a broad, street-based sample of homeless and runaway youths in New York City (n=929). Although street youths in general are shown at high risk, the highest risks are within older age groups of the male street youth population. These youths are least likely to be in contact with prevention services. The data demonstrate the need to reconsider the use of chronological age as a determinant for service eligibility and to reconfigure funding streams to more effectively and consistently target older and more vulnerable youths.

Feudo R; Vining-Bethea S; Shulman LC; Shedlin MG; Burleson JA. **Bridgeport's Teen Outreach and Primary Services (TOPS) project: a model for raising community awareness about adolescent HIV risk.** J Adolesc Health, 23(2 Suppl):49-58, August 1998.

The Greater Bridgeport Adolescent Pregnancy Program (GBAPP), based on its skills in sex education, pregnancy, and sexually transmitted disease prevention, developed the Teen Outreach and Primary

Services (TOPS) project, an innovative teen-focused community outreach model to expand and ensure access to health and support services for primarily underserved minority adolescents and young adults at risk for or living with the human immunodeficiency virus (HIV). TOPS is supported by the Special Projects of National Significance Program, HIV/ADS Bureau, Health Resources and Services Administration. The target population for TOPS is inner-city minority youth (ages 15-24 years) at high risk for HIV or HIV positive. Services range from outreach to intensive case management for 2173 youth in the project. The number of HIV-positive youth has increased from three in the first year of the project to 17 in 1997. TOPS provides outreach, case management, HIV counseling and testing, risk-reduction activities, and referrals for housing, entitlements, specialty HIV clinics, and substance abuse counseling and treatment. A group of peer educators has been recruited from among the target population and is trained and paired with the staff to provide outreach services, peer counseling, and education, and to assist with recreational opportunities.

Gerbert B; Bronstone A; McPhee S; Pantilat S; Allerton M. **Development and testing of an HIV-risk screening instrument for use in health care settings.** Am J Prev Med, 15(2):103-113, August 1998.

OBJECTIVE: To develop and test a brief, reliable, and valid HIV-risk screening instrument for use in primary health care settings. DESIGN: A two-phase study: (1) developing a self-administered HIV-risk screening instrument, and (2) testing it with a primary care population, including testing the effect of confidentiality on disclosure of HIV-risk behaviors. SETTING: Phase 1: 3 types of sites (a blood donor center, a methadone clinic, and 2 STD clinics) representing low and high HIV-seroprevalence rates. Phase 2: 4 primary care sites. PARTICIPANTS: Phase 1: 293 consecutively recruited participants. Phase 2: 459 randomly recruited primary care patients. MAIN OUTCOME MEASURE: Phase 1: comparison of the responses of participants from low and high HIV-seroprevalence sites. Phase 2: primary care patients' rates of disclosure of HIV-risk behaviors and ratings of acceptability. RESULTS: Phase 1: through examining item-confirmation rates, item-total correlations, and comparison of responses from low and high HIV-seroprevalence sites, we developed a final 10-item HIV-risk Screening Instrument (HSI) with an internal consistency coefficient of .73. Phase 2: 76% of primary care patients disclosed at least 1 risky behavior and 52% disclosed 2 or more risky behaviors. Patients were willing to disclose HIV-risk behaviors even knowing that their physician would see this information. Ninety-five percent of our patient participants were comfortable with the questions on the HSI, 78% felt it was important that their doctor know their answers, and 52% wished to discuss their answers with their physician. CONCLUSION: Our brief, self-administered HSI is a reliable and valid measure. The HSI can be used in health care settings to identify individuals at risk for HIV and to initiate HIV testing, early care, and risk-reduction counseling, necessary goals for effective HIV prevention efforts.

Gleghorn AA; Marx R; Vittinghoff E; Katz MH. **Association between drug use patterns and HIV risks among homeless, runaway, and street youth in northern California.** Drug Alcohol Depend, 51(3): 219-27, August 1, 1998.

We examined relationships between drug use patterns and HIV risk behaviors among 1121 street-recruited homeless, runaway, and 'street youth' in Northern California. Comparisons demonstrated that youth using any heroin, methamphetamine, or cocaine exhibited more sexual risks than non-users, while primary stimulant and combined heroin/stimulant users showed greatest sexual risk. Combined heroin/stimulant injectors showed higher risk injection practices than primary heroin or primary stimulant injectors, including frequent injections and backloading syringes. Interventions for street youth should be tailored to current drug use patterns since those using combinations of heroin and stimulants may require more comprehensive prevention, support and treatment services.

Logan TK; Leukefeld C; Farabee D. **Sexual and drug use behaviors among women crack users: implications for prevention.** AIDS Educ Prev, 10(4):327-340, August 1998.

The literature suggests that important and contributing factors in the rise of HIV and AIDS among women are crack use and the exchange of sex for drugs or money. However, not all women who use crack report they are exchanging sex for drugs or money. Thus, women are at differential risk for HIV and AIDS. The purpose of this study is to compare and describe women crack users (n=292) who reported exchanging sex for drugs and money with women crack users who did not report exchanging sex. Results indicated that both women crack users who exchanged sex (n=162) and women crack users who did not exchange sex (n=130) were likely to be African American, to be about the same age, to have had incomes below +500 during the previous month, to have had similar education and marital backgrounds, to have had unprotected sexual intercourse as often, to have had similar drug use patterns, and to have initiated drug use at similar ages. However, women who exchanged sex had more sexual partners, had unprotected oral sex more often, used drugs before and during sex more often, and had a higher rate of sexually transmitted diseases than women who did not exchange sex. In addition, women who exchanged sex were also twice as likely to be homeless, four times more likely to have been in treatment, and twice as likely to have been arrested and charged/booked two or more times in their lifetime than women who did not exchange sex.

Martinez TE; Gleghorn A; Marx R; Clements K; Boman M; Katz MH. **Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths.** J Psychoactive Drugs, 30(1):1-10, January 1998.

Injection drug use is a common risk behavior for HIV infection among homeless, runaway and street youths. However, the psychosocial histories and current social environment of these youths are not well understood. The authors recruited 186 homeless, runaway and street youths using systematic street-based sampling methods, and assessed psychosocial histories, current daily activities, and sexual and drug-related risk behaviors using qualitative and quantitative techniques. Youths reported high lifetime rates of injection drug use (45%), recent drug and alcohol use (100%), and current homelessness (84%). Injection drug using youths were more likely than noninjection drug using youths to report traumatic psychosocial histories, including parental substance use and forced institutionalization, use of alcohol and other noninjection drugs, a history of survival sex, and the use of squats or abandoned buildings as shelter. These findings underscore the need for multifaceted service and prevention programs to address the varied needs of these high-risk youths.

Smereck GAD; Hockman EM. **Prevalence of HIV infection and HIV risk behaviors associated with living place: on-the street homeless drug users as a special target population for public health intervention.** American Journal of Drug and Alcohol Abuse 24(2): 299-319, 1998.

This article examines the prevalence of HIV infection as a function of place of residence and high-risk behaviors in six subpopulations of out-of-treatment drug injectors and crack cocaine users who participated in the National Institute on Drug Abuse (NIDA) Cooperative Agreement project. The subpopulations were blacks, Hispanics, and non-Hispanic whites sampled separately by gender. The street homeless population had a significantly higher HIV infection rate (19.0%) than the study population as a whole (11.2%). Rates differed by gender and race, with exceptionally high HIV rates for street homeless Hispanic males (29%) and females (32%), and for street homeless black females (38%). Street homeless drug users were at strong risk for acquisition and transmission of HIV infection and therefore in need of targeted public health interventions to help prevent the spread of HIV/AIDS.

Tenner AD; Trevithick LA; Wagner V; Burch R. **Seattle YouthCare's prevention, intervention, and education program: a model of care for HIV-positive, homeless, and at-risk youth.** J Adolesc Health, 23(2 Suppl):96-106, August 1998.

YouthCare's project for youth who are human immunodeficiency virus (HIV)-positive or at high risk for becoming HIV positive is one of 10 supported by Special Projects of National Significance Program, HIV/Acquired Immunodeficiency Syndrome Bureau, Health Resources and Services Administration. Throughout its 23-year history, YouthCare has focused on serving runaway, homeless, sexual minority, and other youth "on the margins." To respond effectively to the needs of these youth, YouthCare has developed creative service approaches including involving youth in program design and taking the programs to where the youth live. Building on this experience, the agency developed a continuum of services which has provided care to 906 youth, including 37 who are HIV positive. The five major elements of the model include: (a) youth-specific HIV antibody test counseling, (b) outreach, (c) intensive case management for HIV-positive youth, (d) prevention services for youth at high risk of HIV infection, and (e) peer involvement. Quantitative evaluation helped in identifying youth served by the project (e.g., over one third self-identify as a sexual minority) and the sites at which services should be provided. Preliminary results from qualitative evaluations have stressed the importance of teamwork in designing clinical interventions and providing support to direct-service staff. This report's conclusion stresses that case management for this population, even though time and resource-intensive, is effective, and that services need to be flexible and tailored to each client's needs.

1997

Clements K; Gleghorn A; Garcia D; Katz M; Marx R. **A risk profile of street youth in Northern California: implications for gender-specific Human Immunodeficiency Virus prevention.** Journal of Adolescent Health, 20: 343-353, 1997.

This article describes a study completed to assess HIV behaviors of street youth and to determine whether risk behaviors differ by gender or housing status. Using systematic street-based sampling in four Northern California cities, 429 street youth (mean age=19.2 years) were recruited. Participants completed a structured interview, which was used to assess sexual and drug HIV risk behaviors. The majority of youth were heterosexual white males, and were currently without any type of stable housing. Compared with those with stable housing, youth who were currently without such housing reported higher rates of injection, and other drug use; females without stable housing were less likely to have used condoms the last time they had vaginal intercourse. The high level of HIV risk behavior in this street-based sample of youth, particularly females and youth without stable housing, suggests an urgent need for gender-specific prevention efforts and an increased range of housing options.

Community-based HIV prevention in presumably underserved populations--Colorado Springs, Colorado, July-September 1995. MMWR Morb Mortal Wkly Rep, 46(7):152-5, February 21, 1997.

Persons whose behaviors may increase their risk for infection with human immunodeficiency virus (HIV) but who may be underserved by existing HIV prevention and testing programs (in part because of limited access) include those who are homeless, chemically dependent but not in treatment, and mentally ill. To assess the prevalence of high-risk behaviors for HIV infection, the acceptance of HIV counseling and

testing, and HIV seropositivity in such populations in Colorado Spring, Colorado (1995 population: 465,885), the El Paso County Department of Health and Environment (EPCDHE) conducted a study during July-September 1995. This report summarizes the results of the study, which indicate that such presumably underserved persons are accessible, commonly report high-risk behaviors and previously have been tested for HIV infection and that social isolation, in part, accounted for the low seroprevalence of HIV in this study population.

Coates TJ; Feldman MD. **An overview of HIV prevention in the United States.** J Acquir Immune Defic Syndr Hum Retrovirol, 14 Suppl 2: Sept. 13-16, 1997.

Despite recent promising results with protease inhibitors and combinations of drugs in treating HIV-infected persons, a cure or vaccine for AIDS is unlikely within the next several years. Therefore, prevention remains the most realistic strategy for dealing with the HIV epidemic. However, HIV prevention efforts in the United States face enormous challenges. Translating knowledge about effective HIV prevention strategies into sound HIV prevention policy must be a priority. For example, AIDS prevention experts must dispel the myth that needle exchange programs for injection drug users encourage drug use. Such programs may, however, decrease the risk for HIV transmission. Another challenge is to implement effective sex education programs. It is well established that early sex education does not lead to promiscuity among young people; in fact, it may actually decrease overall sexual activity and decrease high-risk sexual activities. Finally, prevention programs must reach those most at risk. Surveillance data indicate that these include young gay men, Hispanic and African Americans, and the economically disadvantaged. Prevention policy too often is formed on the basis of opinion or anecdote rather than on the basis of science. Sound and strong science is needed to ensure that the best programs and policies can be put into place.

From the Centers for Disease Control and Prevention. Community-based HIV prevention in presumably underserved populations--July-September 1995. JAMA, 277(11):876-877, March 19, 1997.

Kelley JA; McAuliffe TL; Sikkema KJ; Murphy DA; Somlai AM; Mulry G; Miller JG; Stevenson LY; Fernandez MI. **Reduction in risk behavior among adults with severe mental illness who learned to advocate for HIV prevention.** Psychiatric Services 48(10): 1283-1288, 1997.

This article describes a study that evaluated the relative impact of HIV risk reduction intervention for adults with severe mental illness living in the inner city. A total of 104 chronically mentally ill men and women were interviewed to determine sexual risk behavior over the last month and to assess HIV risk related psychological characteristics. Participants were then randomly assigned to one of three conditions: single AIDS education session, seven-session cognitive-behavioral HIV risk reduction group intervention, or a seven-session group intervention that combined the cognitive-behavioral intervention with advocacy training. Participants were then reinterviewed three months after completion of the intervention. Results indicated that although all participants exhibited change at follow-up in some risk-related psychological characteristics and sexual risk behaviors, participants who received the intervention that included advocacy training reported greater reductions in rates of unprotected sex and had fewer sexual partners at follow-up. The authors conclude that HIV preventions that teach risk reduction skills and then encourage participants to advocate behavior change in others seems to strengthen their capacity to change their own behavior, even among disenfranchised groups.

Malow RM; McMahon R; Cremer DJ; Lewis JE; Alferi SM. **Psychosocial predictors of HIV risk among adolescent offenders who abuse drugs.** *Psychiatric Services*, 48(2):185-190, 1997.

This article describes a study which reported that compared with other youths, juvenile offenders have a disproportionately high risk of contracting HIV and other sexually transmitted diseases. These youths typically failed to perceive themselves as at risk for contracting HIV, even though they generally had adequate levels of knowledge about the virus. The findings demonstrate a strong need for designing, testing, and evaluating HIV prevention interventions for this vulnerable population. The author recommends further investigation to understand the relation between HIV risk and systems of family and social support, family dysfunction, and gender-specific behavior for drug abusing adolescent offenders.

National Institutes of Health. **Interventions to prevent HIV risk behaviors.** Kensington, MD: NIH Consensus Program Information Service, Consensus Development Conference Statement (revised draft), February 14, 1997.

This conference examined what is known about behavioral interventions that are effective with different populations in different settings for the two primary modes of transmission: unsafe sexual behavior and use of unsafe injection practices. Following two days of presentations and audience discussion, an independent, non-advocacy, non-Federal consensus panel weighed the scientific evidence and developed a draft consensus statement that addressed the following questions: (1) How can we identify the behaviors and contexts that place individuals/communities at risk for HIV?; (2) What individual-, group-, or community-based methods of interventions reduce behavioral risks? What are the benefits and risks of these procedures? (3) Does a reduction in these behavioral risks lead to a reduction in HIV?; (4) How can risk-reduction procedures be implemented effectively?; and (5) What research is most urgently needed?

Nyamathi AM; Stein JA. **Assessing the impact of HIV risk reduction counseling in impoverished African American women: a structural equations approach.** *AIDS Educ Prev*, 9(3):253-73, June 1997.

We assessed changes in cognitive, psychological, and risky behavior latent variables after traditional or specialized AIDS education after 2 years using structural equation modeling (SEM) in a sample of impoverished at-risk African American women (n=300). Both groups reported significant improvement at 2 years in their self-esteem and social resources. They also reported less threat perception, avoidant coping, emotional disturbance, HI risk behavior, and drug use behavior. There was an advantage to specialized group membership. When compared with the traditional group at 2 years, women in the specialized group reported enhanced social resources, reduced emotional distress, less use of an avoidant coping style, and less drug use. We discuss advantages of culturally sensitive HIV risk reduction programs and the importance of connecting women with social services in their communities.

Somlai A; Kelly J; Otto-Salaj L; Nelson D. **"Lifepoint:" a case study in using social science community identification data to guide the implementation of a needle exchange program.** Milwaukee, Wisc., Center for AIDS Intervention Research (CAIR), Dept. of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 1997. (UNPUBLISHED PAPER)

The public health benefits of needle exchange programs (NEPs) are well-known. NEPs lower risk factors for HIV transmission by providing injection drug users (IDUs) with clean syringes and needles; harm reduction materials; and referrals to drug, STD, mental health and medical treatment. While exchange

programs continue to be implemented, there have been few reports illustrating how social science and community assessment research can be used to guide the development of NEPs. Using the Lifepoint needle exchange program in Milwaukee as a case study, this paper shows how social science methods can be used to understand IDU culture through the community identification process; link qualitative and observational findings to program decision making; and guide the implementation and operation of a needle exchange. The community identification process showed that there were different IDU subcultures in the city indicating that the NEP would be tailored to meet the distinctive needs of multiple drug use networks. Ethnographic field observations, and key informant and systems representative interviews resulted in a two-stage NEP planning process that included a community task force on IDUs and development of methods to incorporate community assessment findings into the operating plan of the NEP. This process illustrates the importance of integrating a systematic community analysis in the planning of a needle exchange program. AVAILABLE FROM: Ctr for AIDS Intervention Research, Dept. of Psych./Behavioral Med., Medical College of Wisconsin, 8701 Watertown Plank Rd., Milwaukee, WI 53226 (414) 456-7700.

Somlai AM; Kelly JA; Wagstaff DA; Whitson DP. **Patterns, predictors, and situational contexts of HIV risk behavior among homeless men and homeless women.** Milwaukee, WI: Center for Aids Intervention Research, Dept. of Psychiatry/Behavioral Medicine, Medical College of Wisconsin, 1997.

This paper describes a study that investigated psychosocial, relationship, and situational factors associated with HIV risk in a sample of 152 inner-city homeless men and women. Results indicated that while men at risk for AIDS often had multiple sexual partners, women reported fewer partners but more frequent unprotected intercourse. Different factors were also found to be associated with HIV risk level among men and women. In men, high risk patterns were associated with negative condom attitudes, weak behavioral intentions to use condoms, high perceived risk for AIDS, and low-perceived self-efficacy for avoiding risk. Women at high risk for HIV had greater life dissatisfaction than their lower-risk counterparts, were less optimistic and held more fatalistic views about the future, held more negative condom attitudes, perceived themselves to be at risk, and frequently used alcohol, marijuana, and crack cocaine. The authors conclude that HIV prevention efforts tailored to the different risk circumstances of men and women are urgently needed in social service programs for homeless people.

Waterston A. **Anthropological research and the politics of HIV prevention: towards a critique of policy and priorities in the age of AIDS.** Soc Sci Med, 44(9):1381-91, May 1997.

This paper is based on the author's ethnographic HIV prevention research at a community-based residence for women in New York City who have a history of homelessness and diagnosis of mental illness. The author presents the human face of this American tragedy, while exploring the ways in which larger social forces circumscribe these women's lives. The author also critically assesses the HIV prevention agenda, including the dominant paradigm in prevention intervention. Despite acceptance by the most prominent players in AIDS prevention in the United States, the most popular prevention theories are theoretically and substantively inadequate. While educational interventions and behavior change efforts may have some impact on inhibiting HIV transmission, the focus on the individual as the sole locus of change tends to obscure the social and material factors in the spread of the disease. An anthropologically informed alternative, integrating social responsibility and social justice, is explored. Also considered are dilemmas in applying anthropology to AIDS prevention research and how to translate theoretical abstractions into humane and pragmatic social programs.

1996

Baldwin JA; Rolf JE; Johnson J; Bowers J; Benally C; Trotter RT. **Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth.** J Sch Health, 66:322-7, November 1996.

In 1990, researchers and health care professionals joined with members of several southwestern Native American communities to form an HIV/AIDS and substance abuse prevention partnership. Culturally sensitive approaches to theory-based interventions were developed into highly replicable, structured, school-based and community-based intervention programs. Process evaluations indicated high levels of program acceptance and fidelity. Outcome evaluations demonstrated significant positive preventive intervention effects among participants. This article reports how NAPPASA school prevention curricula were developed and discusses three critical processes in developing these successful curricula: (1) selection of integrative theory to address the multi-dimensional antecedents of HIV/AIDS and substance abuse among Native Americans; (2) use of ethnographic methodology to obtain intensive input from target groups and community members to ensure cultural and developmental sensitivity in the curriculum; and (3) use of process and outcome evaluations of pilot and field trials to develop an optimal curriculum.

Brady S. **Taking a sexual history.** Boston, MA: Fanlight Productions, 1996.

The US Public Health Service, through its "Healthy People 2000" program, has called on clinicians to significantly increase their involvement in HIV risk assessment and prevention. This video will help to meet that need by providing real-world models of ways to conduct these assessments. The unrehearsed vignettes show a variety of clinicians (physicians, psychiatrists, nurse practitioners, and a psychologist) interviewing patients about their sexual and drug-using histories. The approaches demonstrated will enable clinicians to assess risks for HIV and other sexually transmitted diseases, as well as for the variety of other health risks associated with drug use. This video is geared to professionals in primary healthcare and mental health settings, but the techniques it models will be helpful in any delivery context, as well as for students in the healthcare and social service professions. AVAILABLE FROM: Fanlight Productions, 47 Halifax St., Boston, MA 02130, (800) 937-4113. COST: \$195/purchase; \$50/rent

Cabral RJ; Galavotti C; Gargiullo PM; Armstrong K; Cohen A; Gielen AC; Watkinson L. **Paraprofessional delivery of a theory-based HIV prevention counseling intervention for women.** Public Health Rep, 30:75-82, 1996.

This report describes a mid-course process evaluation of an HIV risk-reduction counseling intervention delivered by specially trained peer paraprofessionals. A key question is whether paraprofessionals can successfully implement a theory-based counseling intervention. Project CARES, is a five-year demonstration research project to prevent HIV infection and unplanned pregnancies in women at risk for HIV infection and transmission who were recruited from homeless shelters, drug treatment facilities, and hospital-based settings for HIV-infected women. Project CARES uses an enhanced counseling intervention based on the Transtheoretical Model, also known as the Stages of Change model, to promote condom and other contraceptive use for women who wish to avoid pregnancy, condom use for disease prevention, and reproductive health service use. Peer paraprofessionals, called advocates, provide stage-tailored counseling using a structured manual which guides them in the selection of specific counseling activities appropriate to a woman's level of readiness to change her behavior. Data from

process evaluation forms completed by advocates in Philadelphia and Baltimore document that delivery of the intervention is consistent with the theoretical model. Paraprofessionals become skilled in delivering stage-based counseling intervention in health and social service settings. The use of paraprofessionals in HIV prevention service delivery may be a cost-effective way to enhance and extend services for women.

Chawarski M; Schottenfeld R; Pakes J; and Avants K. **AIDS Risk Inventory (ARI): structured interview for assessing risk of HIV infection in a population of drug abusers.** New Haven, CT, Yale University, Dept. of Psychiatry, Substance Abuse Center, June 6, 1996.

This instrument was developed as a tool that can better discriminate between subjects with high- and low-risk of HIV infection, as well as reliably assess change in behavioral patterns associated with high risk of HIV infection during drug abuse treatments. It is a structured interview containing questions about behaviors associated with drug use, sexual practices, and general knowledge of AIDS prevention.

Chuang HT. **AIDS knowledge and high-risk behaviour in the chronic mentally ill.** Canadian Journal of Psychiatry, 41(5):269-272, 1996.

The authors describe a study whose goal was to ascertain the degree of HIV-risk knowledge among patients attending a downtown program and to identify the extent of high-risk behavior for HIV infection. A total of 151 patients were selected at the Calgary Community Mental Health Clinic (n=110) and the Self Help Association (n=41). Results show that although the percentage of subjects erring on questions about AIDS knowledge was smaller when compared with previous studies, a significant number of subjects believed that one could acquire AIDS by donating blood, and 25% did not think that having only one unsafe sexual contact would make them vulnerable to HIV infection. At least 50% of the participants have had sex with at least one partner in the past year, and 33% of the participants indicated that they would not insist that they or their partners wear a condom. The authors conclude that this study confirms the need for psychiatrists and mental health workers to continue to explore high-risk behavior in the chronic mentally ill population and to further educate these patients through the development of prevention and risk-reduction strategies in Canada

Corby NH; Enguidanos SM; Kay LS. **Development and use of role model stories in a community level HIV risk reduction intervention.** Public Health Rep, 111 Suppl 1:54-8, 1996.

A theory-based HIV prevention intervention was implemented as part of a five-city AIDS Community Demonstration Project for the development and testing of a community-level intervention to reduce AIDS risk among historically underserved groups. This intervention employed written material containing stories of risk-reducing experiences of members of the priority populations, in this case, injecting drug users, their female sex partners, and female sex workers. These materials were distributed to members of these populations by their peers, volunteers from the population who were trained to deliver social reinforcement for interest in personal risk reduction and the materials. The participation of the priority populations in the development and implementation of the intervention was designed to increase the credibility of the intervention and the acceptance of the message. The techniques involved in developing role-model stories are described in this paper.

Larson M; Schatz M. **HIV prevention strategies with homeless and street youth.** In Moore MK; Forst ML (eds.), *AIDS Education: Reaching Diverse Populations*, Praeger Pibl (Westport), 1996.

This book chapter looks at ways to prevent HIV infection among homeless youth by providing education that is accessible and which promotes behavior change. To accomplish this, it is necessary to understand and address the barriers that are intrinsic to the task. The authors examine various types of street-based outreach HIV prevention education including: (1) one-on-one; (2) spontaneous street groups; (3) formal street groups; (4) drop-in centers; (5) HIV prevention activities; and (6) programs.

McKinnon K; Cournos F; Sugden R; Guido J; Herman R. **The relative contributions of psychiatric symptoms and AIDS knowledge to HIV risk behaviors among people with severe mental illness.** *Journal of Clinical Psychiatry*, 57(11):506-513, 1996.

The authors describe study which was designed to determine whether psychiatric symptoms and acquired immunodeficiency syndrome (AIDS) knowledge predict human immunodeficiency virus (HIV) risk behavior among people with severe mental illness. The authors interviewed 178 psychiatric patients to determine Axis I diagnosis, level of functioning, severity of psychiatric symptoms, knowledge about AIDS, sexual risk behaviors in the previous 6 months, and drug injection since 1978. Results show that patients, particularly those who were sexually active, were well informed about AIDS. Specific psychiatric conditions, including the presence of positive and excited symptoms and a diagnosis of schizophrenia, predicted certain sexual risk behaviors and must be the focus of innovative prevention efforts. The authors contend this study demonstrates that being sexually active, having multiple sex partners, and trading sex are directly related to particular psychiatric conditions, regardless of patients' AIDS knowledge.

Susser E; Valencia E; Sohler N; Gheith A; Conover S; Torres J. **Interventions for homeless men and women with mental illness: reducing sexual risk behaviours for HIV.** *Int J STD AIDS*, 7 Suppl 2 (HIV Centre for Clinical and Behavioral Studies, New York State Psychiatric Institute, Presbyterian Hospital, New York, USA.):66-70, 1996.

Valentine J; Wright-De Agüero L. **Defining the components of street outreach for HIV prevention: The contact and the encounter.** *Public Health Rep*, 8(3):69-74, 1996.

Health departments and community-based organizations across the United States are funded by the Centers for Disease Control and Prevention to conduct street outreach to facilitate risk reduction among a variety of hard-to-reach populations who are at risk for HIV infection and other sexually transmitted diseases. The interaction between the client and outreach worker is the fundamental element of any street outreach activity. However, little has been written about the relationships that develop on the street between workers and clients to promote, support, and sustain behavior change. This paper describes two types of interactions that occur in street outreach intervention activities: the contact and the encounter. As part of a comprehensive evaluation of street outreach, interactions between workers and clients were described and analyzed during the formative phase of the AIDS Evaluation of Street Outreach Projects. For purposes of the evaluation, a contact was defined as a face-to-face interaction during which materials and/or information are exchanged between an outreach worker and a client. An encounter was defined as a face-to-face interaction between a worker and client going beyond the contact to include individual assessment, specific service delivery in response to the client's identified needs, and a planned follow-up. The contact provides a means to initiate interaction with potential clients in the community. It is the

encounter that provides more significant opportunity for helping the client initiate and sustain behavior change. The discussion suggests techniques for enhancing the encounter between outreach workers and clients using the conceptual framework of the social work helping relationship. Five elements of the encounter are defined and developed: screening, engagement, assessment, service delivery, and follow-up. The encounter represents an enhancement of the traditional street outreach interaction and a more systematic approach to promoting the behavioral change goals of the AIDS Evaluation of Street Outreach Projects. Recommendations are suggested for implementing the encounter in street outreach programs serving hard-to-reach populations.

1996

Deren S; Davis WR; Beardsley M; Tortu S; Clatts M. **Outcomes of a risk-reduction intervention with high-risk populations: the Harlem AIDS project.** AIDS Educ Prev, 7:379-90, October 1995.

AB- Many studies of interventions with high-risk populations have reported reductions in risk behaviors. To assess effectiveness of interventions, data are also needed on the characteristics of subjects lost to follow-up, and on follow-up risk behaviors for subjects who were not participants in the intervention. This paper reports on a study conducted in Harlem, New York, recruiting 1,770 injection drug users (IDUs) and sex partners of IDUs, randomly assigned to two interventions. Repeated-measures analyses for the two intervention groups and those who participated in no intervention indicated that all groups reported significant reductions in risk behaviors, with no group effect. Comparisons of those followed-up and not followed-up indicate that those followed-up were less likely to: be homeless, be Latinos, and to use "shooting galleries." The discussion focuses on the need to assess outcomes for all types of participants, and to distinguish the impact of interventions from other explanations for behavior changes.

Kalichman SC; Sikkema KJ; Kelly JA; Bulto M. **Use of a brief behavioral skills intervention to prevent HIV infection among chronic mentally ill adults.** Psychiatric Services 46(3):275-280, 1995.

The purpose of this study was to determine if a relatively brief group intervention, based on risk education and skills instruction, would reduce behaviors associated with high risk of HIV transmission among adults with serious mental illnesses. Participants in the prevention program demonstrated significant gains in AIDS-related knowledge and intentions to change risk behaviors. The prevention program also significantly reduced rates of unprotected sexual intercourse and increased the use of condoms over a one month follow-up period. A relatively brief, skills-focused AIDS prevention program for chronic psychiatric patients produced reductions in HIV risk behaviors. Such HIV risk reduction intervention programs may be of use in inpatient, outpatient, and community-based settings.

Kelly JA; Murphy DA; Sikkema KJ; Somlai AM; Mulry GW; Fernandez MI; Miller JG; Stevenson LY. **Predictors of high and low levels of HIV risk behavior among adults with chronic mental illness.** Psychiatric Services 46(8):813-818, 1995.

Several recent studies confirm elevated rates of human immunodeficiency virus infection (HIV) among adults with mental illnesses in large urban areas. The study described in this article sought to characterize risk for HIV infection among adults with serious mental illnesses and to examine psychosocial factors

predictive of risk. Two hundred and twenty-five adults with serious mental illnesses who were sexually active in the past year outside of exclusive relationships were individually interviewed in community mental health clinics. More than 50% of the study participants were sexually active in the past month, and 25% had multiple sexual partners during that period. Interventions aimed at prevention of HIV and AIDS are urgently needed in settings that provide services to persons who have serious mental illnesses.

Metsch LR; McCoy CB; McCoy HV; Shultz JM; Lai S; Weatherby NL; McAnany H; Correa R; Anwyl RS. **HIV-related risk behaviors and seropositivity among homeless drug-abusing women in Miami, Florida.** J Psychoactive Drugs, 27(4):435-446, October 1995.

This article examines the multifaceted interactions among homelessness, HIV, substance abuse, and gender. Data were collected on 1,366 chronic drug users using a nationally standardized validated instrument within the Miami CARES project of a multisite federally funded program. HIV testing accompanied by pretest and posttest counseling was conducted on-site by certified phlebotomists and counselors. In addition to descriptive analyses and corresponding tests of significance, logistic regression analyses were used to clarify the complex associations between the outcome variables of homelessness and HIV, recognizing difficulties of determining temporal sequence. HIV infection was found to be 2.35 times more prevalent among homeless women than homeless men and significantly higher for homeless women. The findings indicate that among women, homelessness and HIV have a highly interactive effect increasing the vulnerability of this population and thus rendering them an extremely important priority population on which to focus public health efforts and programs.

St. Lawrence J; Brasfield T. **HIV risk behavior among homeless adults.** AIDS Education and Prevention 7(1): 22-31, 1995.

Very little information is available regarding HIV risk behavior among homeless adults despite increasing evidence that HIV infection disproportionately affects inner-city residents and disadvantaged populations. In this study, adults entering a storefront medical clinic for homeless persons completed an AIDS risk survey. The results suggest that homeless adults are engaging in sexual and substance-use behaviors that place them at high risk for HIV infection. Sixty-nine percent of the present sample was at risk for HIV infection from either: (1) unprotected intercourse with multiple partners, (2) intravenous drug use; (3) sex with an intravenous drug user; or (4) exchanging unprotected sex for money or drugs. The results suggest that there is an urgent need to develop and evaluate AIDS-prevention strategies for homeless adults.

Whitson DP; Murphy DA; Somlai AM; Koob JJ; Davantes BR. **Implementing and HIV/AIDS risk reduction intervention for homeless, inner-city women.** HIV Infect Women Conf, :S10, February 22-24, 1995.

Women in urban homeless shelters are at increasing risk for becoming infected with HIV. This presentation deals with the following specific issues in the implementation of an HIV/AIDS risk-reduction intervention for homeless women: recruitment and retention; confidentiality; maintaining attendance; communications and relations with shelters and other contact agencies; obstacles to intervention and follow-up; and key barriers to program implementation. The insights regarding program implementation were derived from a study assessing the psychological, behavioral, and relationship factors contributing to risk among 59 inner city women living at a homeless shelter in a major mid western city. Women in this study were predominantly African American, unemployed, with incomes under \$8,000 annually, in their late 20's, and most had not completed high school. The intervention was

facilitated by developing a partnership with the homeless shelter; using reinforcers that were appropriate to the needs of the participants; child-care; and transportation. Specific obstacles to program participation and risk reduction were the participant's immediate medical needs, transitions to alternative shelter sites, family acceptance, and difficulties negotiating with a long term partner. Recommendations for the implementation of future studies for homeless women will be provided.

1994

Bolvary K; Vaczi M. **AIDS prevention with the help of streetworkers among the prostitutes of the capital.** Int Conf AIDS, 10:343 (abstract no. PC0309), Aug 7-12, 1994.

OBJECTIVE: The enlightenment of the marginal layers of prostitutes in the capital, with regard to illnesses spread through sex, with particular emphasis on the transmission of HIV, the dangers and health hazards following their style of life, and the possibilities and methods of prevention. **METHODS:** (1) Only those street workers can reach the endangered persons, who belonged to this layer and are appropriately prepared. The street workers have been found in shelters for the homeless, juvenile institutes and family care centers. (2) We ran four courses of education, each lasting six weeks. In 1992, nine, and in 1993, 14 of our street workers were active after being instructed in AIDS prevention in our institute. (3) To evaluate the work of the street workers, we applied the worksheet used by the Cardiff street workers. **RESULTS:** In 1992, the street workers had 5,290 meetings of concrete value; out of this 67.8% were with males and 32.2% females. In two-thirds of the meetings, the street workers handed out condoms, 23.7 % of the clients used condoms. In 1993, there was a significant increase in handing out condoms. **CONCLUSIONS:** Peer preventive activity of the street workers not only reached the marginal prostitute layer, but also drug addicts in their surroundings, the homeless and alcoholics.

Harlow R; Sorge R (eds). **A briefing book: needle exchange, harm reduction, and HIV prevention in the second decade.** New York, NY: ACLU AIDS Project, 1994.

This briefing book is designed to be read and used by advocates of needle exchange and harm reduction. The authors provide practical checklists and recommendations about policy positions as well as descriptive material giving background about HIV prevention for intravenous drug use. Chapter topics include: AIDS and drug use; harm reduction; needle exchange; scientific evidence; politics; policy guidelines; community advocacy; advocacy in court; and legislative advocacy. Also provided are lists of needle exchange, harm reduction, and advocacy programs by state. AVAILABLE FROM: ACLU AIDS Project, 132 West 43rd Street, Box NEP, New York, NY 10036, (212) 944-9800.

Urban MT; Fellizar IF; Kabalilat NP. **Hazards of HIV/AIDS work: experiences of a community-based HIV/AIDS prevention and care program for homeless youth and adults in the sex trade.** International Conference on AIDS 10:45 (abstract no. 474D), 1994. (presentation).

Work on HIV/AIDS began as early as the time the virus causing AIDS was given a name. Numerous success stories on various aspects of the work has been shared in big conferences which have helped encourage people to go into similar ventures. With growing concern of an increasing number of

organizations – GOs, NGOs, CBOs and private – that are engaged in the struggle to stop the spread of HIC infection, it is time that the difficulties of doing HIV/AIDS work be shared. Lessons learned and actions taken to resolve hazards of implementing a community-based HIV/AIDS prevention and care project among sex workers in a country such as the Philippines may have some value to areas where similar situations are evident. Likewise, the process lends to listing of effective strategies that consider cost benefit. This paper seeks to paint a true picture of the challenges an organization faces in conducting community-based efforts among sex workers in the Philippines.

1993

Assessment of street outreach for HIV prevention--selected sites, 1991-1993. MMWR Morb Mortal Wkly Rep, 42(45):873, 879-80, November 19, 1993.

Street outreach programs for HIV prevention are designed to deliver HIV prevention messages, materials, and referral services to high-risk persons outside of traditional health care and drug-treatment clinics. The ADS Evaluation of Street Outreach Projects (AESOP) is an eight-site study designed by CDC in collaboration with researchers in each of the sites to better understand client characteristics, service delivery, and the impact of street outreach programs on the risk behaviors of high-risk populations. The populations studied are injecting-drug users (IDUs) in five of the eight sites and youth in high-risk situations (YHRS) (i.e., youths aged 12-23 years who are homeless or runaway or who support themselves through the "street economy" of drugs, prostitution, panhandling, and crime) in three sites. This report summarizes information collected during the first two years of the project.

Barthwell A; Gibert C. **Screening for infectious diseases among substance abusers.** Rockville, MD: SAMHSA, Center for Substance Abuse Treatment, TIP 6, 1993.

This Treatment Improvement Protocol (TIP) provides guidance to alcohol/other drug (AOD) treatment providers in all settings who undertake: (1) screening and testing patients for infectious diseases, providing counseling in conjunction with HIV testing; (2) risk-reduction education and counseling on infectious diseases; and (3) treatment to patients with early and asymptomatic HIV infection, as well as directly observed preventive therapy for patients with TB. AVAILABLE FROM: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852, (800) 729-6686.

Lopez DA and Paternoster M. **HIV/AIDS education and prevention for homeless youth: the CHT experience.** AVAILABLE FROM: US Conference of Mayors, 1620 I Street NW, Washington, DC 20006, c1993,

Podschun GD. **Teen Peer Outreach-Street Work Project: HIV prevention education for runaway and homeless youth.** Public Health Rep, 108:150-5, March-April 1993.

Each year, there are approximately two million homeless and runaway youths in the United States. On any given night, 1,000 homeless youngsters are living on the streets of San Diego, CA. Homeless youth are commonly involved in the following activities that place them at risk for HIV infection: unprotected

sex; needle-sharing in the use of injectable drugs; or sex with someone who injects drugs. The Teen Peer Outreach-Street Work Project trains peer educators to work in three San Diego youth service programs with street outreach staff members to provide HIV prevention education and referral services to San Diego's homeless youth. Selected teens from the target population also participate in street-based case management that provides skill development to bring about behavioral and attitudinal changes. An HIV outreach program cannot stand alone and is most successful if it is integrated with services that meet the basic needs of its clients. In the three participating youth service programs of the Teen Peer Outreach-Street Work Project, food, clothes and shelter information are provided. There are shelters in two of the programs that become places where HIV educational messages, delivered on the street, can be reinforced. Immediate and concrete assistance can be offered to homeless youth. Low literacy among the target population presents a significant obstacle to adequate and appropriate HIV prevention education for homeless youth. Currently, education materials that specifically target homeless youth do not exist. The outreach street project is being expanded to develop materials for homeless youth with low literacy levels.

Reid HM; Rotheram-Borus MJ; Rosario MR; Gwadz M. **Effectiveness of HIV prevention with homeless youth over 2 years.** Int Conf AIDS, 9:94 (abstract no. WS-C13-3), June 6-11, 1993.

OBJECTIVES: To evaluate the long term effectiveness of an HIV prevention program aimed at reducing sexual risk behavior of homeless youth. **METHODS:** A series of 140 youths: African-American (68%) and Hispanic (21%) male (35%) and female (65%) youths aged 11-18 years were recruited from four runaway shelters in New York City and tracked over two years. Youths at two sites received the intervention (n=73) while youths at the other two sites (n=67) did not. **RESULTS:** The intervention was differentially effective in reducing unprotected vaginal sex across gender and ethnic groups. Main effects were found for gender; males had fewer unprotected acts than females (an average of 5 vs. 14) during the three months prior to the two-year assessment, however the mean number of unprotected acts for females in the control group was two times the number for females receiving the intervention (20 vs. 9). Interaction effects were found for ethnicity by intervention and gender by ethnicity. African-American and white youths benefited most from the intervention: the mean number of unprotected acts for controls was three times higher than for those receiving the intervention (16 vs. 6 for African-Americans; 26 vs. 8 for whites). Level of anxiety and knowledge of HIV appeared to mediate the impact of the intervention. **CONCLUSIONS:** This is the first intervention program to demonstrate effectiveness in reducing sexual risk behaviors two years following the delivery of an HIV prevention program among adolescents. The lower number of unprotected acts for males suggests that they may have more control over the use of condoms for vaginal sex than females. Alternatively, young women may be interested in becoming pregnant, and therefore would restrict their condom use. In addition, the differential benefits experienced by youth across ethnic and gender groups indicate that the next generation of intervention programs must be tailored to the specific needs of diverse subpopulations at high risk for HIV/AIDS.

Woods IP; Downer A. **Community fairs--an intervention designed for drug dependent, homeless, and indigent populations.** Int Conf AIDS, 9:825 (abstract no. PO-D08-3643), June 6-11, 1993.

Substance using, homeless, and indigent populations present unique and insistent challenges to education and prevention providers. Community Fairs were held presenting interventions which were persuasive and appealing to this target population. Strategies were developed which engaged "hard to reach" participants, then unmasked successful AIDS educational forums as the desired outcome. Two Community Fair models reviewed: targeting homeless women in Brooklyn, NY, Jan. 1989 through Oct. 1989; targeting IVDUs, homeless, and indigent at risk populations in Seattle, Washington, April 1990 through Dec. 1992.

1992

Brady S; Martin R. **The drop-in group training package: an AIDS risk and prevention program for the mentally ill.** Boston, MA: Fanlight Productions, 1992.

This training package, which includes a manual and a videotape, focuses on the information needed to conduct drop-in group sessions on AIDS risk and prevention for persons with mental illnesses. This training package is intended for professional as well as paraprofessional staff who have at least minimal experience in facilitating psychoeducational groups for psychiatric patients. Upon completion of this training package, clinicians should be able to identify populations at risk for HIV; develop innovative strategies for HIV prevention efforts and educate persons with mental illnesses in HIV risk and prevention. AVAILABLE FROM: Fanlight Productions, 47 Halifax Street, Boston, MA 02130, (617) 524-0980. COST: \$195.00/purchase; \$50.00/rent.

Bruce Fisher JD; Magee M; Castillo S; Broadbent T; Keenan D. **Implementing an effective HIV prevention program for youth at-risk.** Int Conf AIDS, 8:209 (abstract no. PuD 9065), July 19-24, 1992.

ISSUE/PROBLEM: The development of an effective HIV prevention program for high risk youth requires the recruitment and training of individuals from the same target population. The recruitment, training, and implementation process for this must address the specific developmental, cultural and lifestyle issues affecting this group. DESCRIPTION OF PROJECT: The Youth Advocates Teen HIV Program recruited, trained, and employed young people of color, gay, lesbian, and bisexual youth and young people who have been involved in physical, sexual, and substance abuse in an HIV prevention program that uses a peer education model. The successful training approach has been to teach HIV/AIDS information and skills improvement to young people in the context of their daily lives. Training focuses on sexism, racism, heterosexism, living with HIV/AIDS, and the specific issues that affect the lives of young people today in terms of their specific lifestyle, culture, geographic area, and socioeconomic status. RESULTS: 75% of teens successfully completed training and were employed; 20% of the educators identify as gay, lesbian, or bisexual, 30% as black; 25% as Latino; 45% as white; and 9% as other populations of color. Of agencies where interventions occurred: 91% serve sexually active youth, 45% youth with STDs, 36% runaway or sexually abused youth, and 45% pregnant youth. LESSONS LEARNED: Participants will learn about the key to providing, relevant, developmentally & culturally accessible HIV prevention to youth.

Clatts MC; Beardsley M; Davis WR; Deren S; Tortu S. **Homelessness and risk behavior among U.S. drug injectors: implications for prevention policy.** Int Conf AIDS, 8:D446 (abstract no. PoD 5354), July 19-24, 1992 .

AB- OBJECTIVES: (1) To provide a demographic profile of a national sample of intravenous drug injectors (IDUs); (2) To assess relationships between changes in residential patterns and changes in drug and sexual risk behaviors; and (3) To recommend AIDS prevention policy alternatives. METHODS: The National Institute on Drug Abuse's NADR-funded prevention projects, conducted studies 63 sites in the United States and Puerto Rico, produced baseline (T1) and six-month follow-up (T2) risk behavior data on 17,041 IDUs, recruited primarily through street outreach. Four groups were identified on the basis of T1 and T2 residential statuses, i.e., persons who: (1) were homeless (living on the streets or in shelters) at both points in time (n=699); (2) were not homeless at either T1 or T2 (n=14,378); (3) were homeless at

T1 not at T2 (n=1,215); and (4) were homeless after T1 (n=749). Analyses compared the four groups on demographics and on T1 to T2 changes in risk behaviors. Behaviors assessed included: injection frequency, use of new needles, needle cleaning, needle sharing, and unprotected sex. RESULTS: Overall, the sample is mostly male (73%), young (x=about 35 years), and black (49%) or Latino (30%). Persons homeless at T1 and T2 were more likely to be male and black than persons who had housing at T1 and T2. Time and time-by-group interaction effects were found for several outcome measures (e.g., injection frequency decreased from about 50 to 25 times per month across the entire sample, on the average, but decreased significantly more among persons who were never homeless than among persons who became or remained homeless). Those injecting T2 (n=10,617) used new needles about 60% of the time at T2 (on the average). The T1 to T2 increase new needle use was comparable across groups. CONCLUSIONS: The results suggest that being or becoming homeless undermines the extent to which IDUs are able to adopt and maintain reductions in some risk behaviors. Prevention needs include: (1) Outreach and treatment services targeting homeless IDUs and (2) Decriminalization of needle possession and development of user-friendly needle exchange strategies.

Gunston S. **Risk reduction strategies for homeless shelter clients in Massachusetts, USA.** Int Conf AIDS, 8:2 (abstract no. PoD 53321), July 19-24, 1992.

ISSUE/PROBLEM: Strategies to impact risk behavior among homeless adults must be designed to address cultural diversity, literacy, substance abuse, mental illness, and the sense of alienation, isolation and hopelessness which is associated with homelessness. To be successful, such strategies must also overcome the cultural, social and philosophical barriers which influence shelter providers and shelter staff. DESCRIPTION OF PROJECT: The Life Lines Project had developed an innovative model of risk reduction, designed to target the unique issues which challenge the resources of homeless shelters in Massachusetts. Components of the project include: direct educational services to shelter clients and staff, promotion and distribution of risk reduction materials, project evaluation, and advocacy for appropriate public policy, as such policy relates to limiting the transmission of HIV among homeless adults. RESULTS: After two years, 70% of homeless shelters in Massachusetts are distributing condoms to clients and 84% of these programs are provided HIV prevention education to shelter guests. LESSONS LEARNED: Participants will learn how one statewide project was able to normalize prevention education and the use and distribution of condoms in a complex shelter system, comprised of more than 150 separate programs.

Health Care for the Homeless. **Preventing the spread of HIV and other sexually transmitted diseases among people who are homeless: train the trainer.** Landover, MD: Prince George's County, Department of Social Services, March 26 - 27, 1992.

This HIV prevention education curriculum is presented as a guide to trainers who are working with people who are homeless. This curriculum was developed at Health Care for the Homeless, Inc., to be used by their community health outreach nursing team for their peer training program in shelters.

Springer E; Mandeville K; Newell PJ; Santiago P. **Peer education for street youth in Times Square, New York City.** Int Conf AIDS, 8:D395 (abstract no. PoD 5051), July 19-24, 1992.

ISSUE: Predominantly gay, male, minority, homeless adolescents who are engaged in survival sex and drug use in the Times Square area of New York City have not been reached through traditional HIV/AIDS education channels. They have not traditionally used risk reduction materials (condoms, dental

dams) and have not been impacted by educational strategies that have worked in other settings. DESCRIPTION OF PROJECT: The Clinton Peer AIDS Education Coalition (CPAEC) trained 10 street youth to be AIDS educators and outreach workers. These peer educators then provide outreach to other, similar homeless adolescents providing appropriate and relevant information, skills and risk-reduction materials. The similarity between the peer educators and the street adolescents increases the salience of the educational information they provide. The peer educators were trained using the Harm Reduction Model which emphasized the reduction of the harmful consequences of drug use and unsafe sex. In keeping with the Harm Reduction Model, abstention from drug use or prostitution was not a requirement for involvement in the project. RESULTS: Over the past two years, the peer educators have reached a minimum of 70 other homeless adolescents per week providing the information and materials needed to reduce risk of HIV infection. Furthermore, the project has had added benefits for the peer educators themselves. These originally marginalized adolescents have formed a cohesive group, some have given up prostitution and a sizeable number have given up drugs. They are all now domiciled and receiving benefits and no longer on the street. LESSONS LEARNED: Non-judgmental stances and risk-reduction education, using the Harm Reduction Model, enables street youth to practice HIV prevention. The support provided by project staff and peer educators themselves, allows them to effect change in their lifestyle and maintain those changes. Unconditional respect, acceptance and concern, coupled with limit setting and education, fosters behavior change in these predominantly gay male, minority street adolescents.

Susser I; Gonzalez MA. **Sex, drugs and videotape: the prevention of AIDS in a New York City shelter for homeless men.** Medical Anthropology 14:307-322, 1992.

This paper documents a process of social change through participant observation in a shelter for homeless men in New York City. The authors first describe the living environment, emphasizing those aspects of shelter life germane to HIV transmission. Next, the decision of residents, staff and researchers to create an informational video regarding the risks of HIV transmission is detailed. The activities surrounding the making of the video provided the investigators with numerous insights concerning how the men perceived their homelessness, their social relationships, and their views on women and sex. According to the authors, the entire video-making process was an effective self-help strategy for conveying information about HIV transmission and prevention within the shelter environment.

1991

Brady S; Martin R. **The drop-in group: an AIDS risk and prevention program for the mentally ill.** Boston, MA: Fanlight Productions, 1991.

This video presents a drop-in group model of AIDS prevention designed for individuals with serious mental illnesses. Under the direction of clinical staff, participants learn about AIDS prevention and practice skills to reduce their risk for getting the HIV virus. A training manual provides guidelines for preparing and facilitating one-hour drop-in group sessions on AIDS risk and prevention. AVAILABLE FROM: Fanlight Productions, 47 Halifax St., Boston, MA 02130, (800) 937-4113. COST: \$195/purchase; \$50/rent.

Cohen E; Mackenzie RG; Yates GL. **HEADSS, a psychosocial risk assessment instrument: implications for designing effective intervention programs for runaway youth.** J Adolesc Health, 12:539-44, November 1991.

In this article, we present data obtained with the psychosocial interview instrument, HEADSS (Home, Education, Activities, Drug use and abuse, Sexual behavior, Suicidality and depression) that was administered to High Risk Youth Clinic clients at their initial visits during a 1-year period. Of the 1,015 new patients, 63% were homeless/runaway youths and 37% were living with their families. Utilizing the HEADSS interview instrument, we compared homeless/runaway youths to non-homeless youths in a number of areas, including risks for human immunodeficiency virus (HIV) infection. Our results showed that homeless teens tended to be younger, female, and white compared to their non-homeless counterparts. They were more likely to have dropped out of school and were far more likely to be depressed and actively suicidal. They demonstrated all forms of drug abuse. They engaged in first sexual intercourse at an earlier age, and experienced a higher incidence of sexual abuse and prostitution. They were six times more likely to be at risk for HIV infection.

Rotheram-Borus MJ; Koopman C. **Sexual risk behaviors, AIDS knowledge, and beliefs about AIDS among runaways.** American Journal of Public Health 81(2):208-210, 1991.

The goals of this article were to document current sexual risk behaviors, knowledge, and beliefs about preventing AIDS, and to examine the relationships among these findings for 126 runaways participating in the study. Data indicate that while most (65%) had been sexually active during the previous three months, the rate was not dramatically different from a comparable sample of high school students who had been sexually active in the previous six months (58%), and that runaways' knowledge and beliefs about AIDS prevention were similar to those of high school students. The authors found moderate relationships between beliefs about preventing AIDS and sexual risk behaviors.

Rotheram-Borus MJ; Koopman C; Haignere C; Davies M. **Reducing HIV sexual risk behaviors among runaway adolescents.** JAMA, 266:1237-41, September 4, 1991.

OBJECTIVE. Reductions in runaways' sexual risk behaviors were evaluated in response to an intensive program to prevent human immunodeficiency virus (HIV) infection and the acquired immunodeficiency syndrome (AIDS). **DESIGN.** In a nonrandomized control trial, sexual risk behaviors among 78 runaways at one residential shelter who received up to 30 HIV/AIDS intervention sessions were compared with 67 runaways at a nonintervention shelter with sexual behaviors assessed at baseline and three and six months. **SETTING.** Runaways were recruited from the only two publicly funded shelters in New York, NY. **PARTICIPANTS.** The runaways were aged 11 to 18 years, 64% female, and predominantly black or Hispanic. **INTERVENTION.** The intervention addressed general knowledge about HIV/AIDS, coping skills, access to health care and other resources, and individual barriers to safer sex. **MAIN OUTCOME MEASURES.** Consistent condom use, a high-risk pattern of sexual behavior, and sexual abstinence over a three-month time frame were assessed. **MAIN RESULTS.** As the number of intervention sessions increased, runaways' reports of consistent condom use increased significantly, and their reports of engaging in a high-risk pattern of sexual behavior decreased significantly. Abstinence did not change. **CONCLUSIONS.** The demonstrated effectiveness of the intensive HIV/AIDS program highlights the importance of enlarging the scope of most current HIV/AIDS prevention programs.

1990

Cabler CL; Krepcho M; Valentine J. **A shelter-based HIV prevention program for the urban homeless population.** Int Conf AIDS, 6:316 (abstract no. S.D.905), Jun 20-23, 1990.

OBJECTIVE: To develop a comprehensive shelter-based HIV prevention program for the urban homeless population and to enable service providers to the homeless to maintain a consistent HIV prevention effort within their facility. **METHODS:** The intervention included four phases: (1) observation and analysis of the homeless population and service providers; (2) HIV education for shelter staff and volunteers; (3) training of designated staff HIV educators for each facility; and (4) development of alternative media for the targeted population including an HIV-related board game for the homeless client. **RESULTS:** The program has operated for 10 months with in-house HIV prevention programs initiated in six shelters servicing approximately 70% of the identified homeless population. Clinic staff and caseworkers have seen a marked increase in the number of client originated requests for HIV information and condoms. HIV workshops for clients were not conducted in any shelters prior to the intervention. Subsequently, 11 workshops are conducted monthly in four shelters by shelter staff and volunteers. Also, two shelters have integrated HIV prevention information into their normal client counseling sessions. **CONCLUSION:** Due to the multiplicity of problems and issues for which the homeless client regularly access shelter settings, HIV prevention efforts are effective when integrated into existing services of the shelter system.

Copello G; Minton R; Humbert D. **Preventing HIV infection among the homeless of a medium-size USA city: a pilot project emphasizing education, counseling, and testing.** Int Conf AIDS, 6:259 (abstract no. S.C.681), June 20-23, 1990.

OBJECTIVE: USA homeless populations have been largely ignored by HIV/AIDS prevention efforts. This is especially true in the USA's medium-sized cities. This pilot project attempted to develop and evaluate a prevention strategy for the homeless which emphasized education, counseling, and testing. **METHODS:** Key community leaders working with the homeless and the homeless themselves were surveyed about developing the most appropriate strategies to reach homeless populations. From this data a street outreach model was developed utilizing trained medical students, volunteers, and members of the homeless population. Appropriate materials were developed for this outreach. Initial contact involved education and counseling. A second phase involved the routine offering of HIV antibody testing. Knowledge, attitudes, and self-reported behavior were pre- and post- tested. **RESULTS:** Collected data and the observations of service delivery personnel indicate that the level of HIV/AIDS knowledge among the homeless is low; attitudes about HIV infection vary greatly; and that high risk sexual and drug-related behaviors exist at significant levels. The pilot intervention raised knowledge levels and reduced inappropriate fear of HIV/AIDS.

Fetter MS; Larson E. **Preventing and treating human immunodeficiency virus infection in the homeless.** Arch Psychiatr Nurs, 4(6):379-383, December 1990.

The problem of HIV infection in the homeless has received little attention in the literature but is a cause for serious concern. Nineteen health care agencies were studied to explore the types and outcomes of programs targeting this population, and factors associated with prevention and treatment strategies. The results showed that a variety of services were provided, but that little formal evaluation had been conducted. Factors identified were population variability, altered health status, daily survival, provider

role conflicts and attributes, and a so-called nonsystem of care. The numerous gaps in knowledge about human immunodeficiency virus infection in the homeless inform future psychiatric nursing care and research.

1989

Gilliam A; Scott M; Troup J. **AIDS education and risk reduction for homeless women and children: implications for health education.** Health Education: 44-47, December 1989.

This article looks at a current long-term study of health education needs of homeless women with children at Greentree Shelter in Maryland. Authors suggest that the most preferable approach to implementing an AIDS education program among homeless women would be to establish a systematic comprehensive procedure addressing political, social, economic, and health concerns facing the ethnic minority community. A pragmatic approach would be to implement health education programs within the closed environment of homeless shelters. Such programs should incorporate distribution of materials that include specific information about how AIDS can be transmitted and prevented using simple and culturally relevant language. Health education interventions should use formerly homeless women in addition to health educators to develop exercises to improve self-esteem, communication, and decision making skills as related to negotiation of safe sex. Implementation of this process may help health educators make a meaningful contribution to the promotion of AIDS education and risk reduction for HIV infection within the growing population of homeless women and children in the United States.

Undated

National Network for Youth, **Issue brief: HIV prevention for two populations of youth in high-risk situations – homeless youth and sexual minority youth.** National Network for Youth, undated.

This publication is a review of the literature concerning HIV prevention for homeless and sexual minority youth. The review focuses on statistical studies and presents tables outlining the major finding of these studies. AVAILABLE FROM: National Network for Youth, 1319 F St. NW, Suite 401, Washington, DC, 20004. www.nn4youth.org